

<i>SERFF Tracking Number:</i>	<i>META-125527317</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38505</i>
<i>Company Tracking Number:</i>	<i>I08-11</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-11/i08-11</i>		

Filing at a Glance

Company: Metropolitan Life Insurance Company.

Product Name: Individual Long-Term Care SERFF Tr Num: META-125527317 State: ArkansasLH

Insurance Advertising

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 38505

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: I08-11

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Mary Rinaldi

Disposition Date: 04/15/2008

Date Submitted: 03/24/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: I08-11

Status of Filing in Domicile: Authorized

Project Number: i08-11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/21/2008

State Status Changed: 04/21/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: Filing No. I08-11

Metropolitan Life Insurance Company ("MetLife")

Individual Long-Term Care Insurance Advertising

NAIC Company No. 65978 - FEIN No. 13-5581829

Dear Sir/Madam:

SERFF Tracking Number: META-125527317 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38505
Company Tracking Number: I08-11
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I08-11/i08-11

We enclose for filing electronic copies of the Individual long-term care advertising materials described below. The materials are intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising materials are new and do not replace any materials previously filed with your Department.

Advertising Form Number Brief Description of Invitation to Inquire Advertising Material

ADF#1838.08 LTC Claims Experience Sell Sheet

Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,

Mary J. Rinaldi

Consultant-Compliance Marketing/AD

Company and Contact

Filing Contact Information

Mary Rinaldi, Consultant- Compliance mrinaldi@metlife.com
MKTG/AD
Green Farms Road (203) 221-3859 [Phone]
Westport, CT 06880

Filing Company Information

Metropolitan Life Insurance Company. CoCode: 65978 State of Domicile: New York

SERFF Tracking Number: *META-125527317* *State:* *Arkansas*
Filing Company: *Metropolitan Life Insurance Company.* *State Tracking Number:* *38505*
Company Tracking Number: *I08-11*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *Individual Long-Term Care Insurance Advertising*
Project Name/Number: *I08-11/i08-11*

1MetLife Plaza Group Code: -99 Company Type: Life
Long Island City, NY 11101-4015 Group Name: State ID Number:
(111) 111-1111 ext. [Phone] FEIN Number: 13-5581829

SERFF Tracking Number:	META-125527317	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38505
Company Tracking Number:	I08-11		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I08-11/i08-11		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Metropolitan Life Insurance Company.	\$0.00	03/24/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000904846	\$25.00	03/14/2008

SERFF Tracking Number:	META-125527317	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38505
Company Tracking Number:	I08-11		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I08-11/i08-11		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Harris Shearer	04/21/2008	04/21/2008

<i>SERFF Tracking Number:</i>	<i>META-125527317</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38505</i>
<i>Company Tracking Number:</i>	<i>I08-11</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-11/i08-11</i>		

Disposition

Disposition Date: 04/15/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125527317 State: Arkansas
 Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38505
 Company Tracking Number: I08-11
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: Individual Long-Term Care Insurance Advertising
 Project Name/Number: I08-11/i08-11

Item Type	Item Name	Item Status	Public Access
Supporting Document	Explanation of Variables	Filed-Closed	Yes
Supporting Document	NAIC Form	Filed-Closed	Yes
Supporting Document	Cover Letter	Filed-Closed	Yes
Form	LTC Claims Experience Sell Sheet	Filed-Closed	Yes

SERFF Tracking Number:	META-125527317	State:	Arkansas
Filing Company:	Metropolitan Life Insurance Company.	State Tracking Number:	38505
Company Tracking Number:	I08-11		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	Individual Long-Term Care Insurance Advertising		
Project Name/Number:	I08-11/i08-11		

Form Schedule

Lead Form Number: ADF#1838.08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-	ADF#1838.	Advertising	LTC Claims	Initial		0	ADF#1838.07
Closed	07		Experience Sell Sheet				_LTC_Claims Experience_S ell Sheet.pdf

Care Coordinators

Committed to Helping Our Insureds Every Day



MetLife®



Proud to Stand Behind Our Promises

- Claims are generally paid on average of 10 business days of receipt of all required information.
- MetLife sends satisfaction surveys to 100% of insureds who become eligible for benefits and over 95% rate their experience as either excellent or very good.

With **MetLife Long-Term Care Insurance**, you can feel good about the benefits and services MetLife can bring to your life. Our simple claims process and our impressive track record for paying claims quickly means that you and your family can get the help you need when you need it most, without any added burden or stress. But that's just the beginning of the story...

Personalized, proactive assistance. MetLife's Care Coordinators help you make the best use of your benefits, so that you are living your life at the highest possible level of independence. And, because each policyholder works with a dedicated MetLife-employed Care Coordinator for his or her entire benefit period, the service is highly personalized.

2 true stories that show how MetLife's Care Coordinators help our insureds and their families every day.

MAKING SURE THE RIGHT SERVICES ARE IN PLACE*

When Anne's MetLife Care Coordinator, Maura, called to check on her, she immediately sensed that something wasn't right. She called Anne's daughter and then made a call to Anne's doctor, who confirmed that Anne, age 78, had developed dementia from a series of small strokes. Concerned that it wasn't safe for Anne to remain living alone in her home, Maura suggested daily home care. Working closely with Anne's doctor and daughter, Maura researched home care agencies to help find the right care for Anne. However, Anne kept canceling every home care appointment that was made for her. Maura realized that Anne's condition was getting worse and consulted with Anne's doctor and daughter to figure out the best plan of care for her. Today, with Maura's help, Anne is living comfortably in an assisted living facility and is doing quite well.



Experienced, Compassionate Care Coordinators

Are dedicated to helping you understand your benefits and care options.

- Include Registered Nurses, most of whom have been with MetLife for more than 5 years.
- Have extensive experience in long-term care services, on average more than 15 years.

SUPPORTING THE FAMILY DURING DIFFICULT TIMES*

Harry, age 57, was diagnosed with Alzheimer's disease soon after he fell off a ladder. His doctor believes he may have had early stages of the disease prior to the fall, but suspects the fall contributed to his increasingly confused state-of-mind. Harry's wife worked full-time, so he began attending an adult day care near their home. He walked there each day by himself, but soon had difficulty finding his way home. Worried and overwhelmed, Harry's wife called his MetLife Care Coordinator, Maggie. Working closely with Harry's doctor, Maggie helped Harry's wife understand and cope with her husband's deteriorating condition, giving her useful information and referring her to support groups. Maggie also helped Harry's wife research care options for her husband. This began with home-based care to supplement the adult day care services and ensure that Harry would not be left alone. When Harry's needs increased, Maggie helped his wife research assisted living facilities and provided her with information on how to select a facility. Eventually, Harry needed the constant care of a nursing facility and Maggie supported Harry's wife throughout this difficult transition.

Our Care Coordinators are here for you and can provide the support you need with your MetLife Long-Term Care Insurance policy. [For more information contact your local MetLife Insurance Agent.]

* These are true stories about actual policyholders. Their names and the names of their family members and Care Coordinators have been changed to protect their privacy.

Subject to state availability, Metropolitan Life Insurance Company ("MetLife") individual Long-Term Care ("LTC") Insurance coverage is offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC, and LTC2007. In some states, these identifiers may be followed by the state's 2-letter abbreviation; "ML" for Multi-Life; and/or "P" for Partnership policies.

MetLife's LTC Insurance policies are guaranteed renewable and, like most LTC Insurance policies, cannot be cancelled due to an increase in your age or a change in your health. Premium rates can be raised as the result of a rate increase made on a class-basis. Like most LTC Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. For complete costs and details contact your insurance agent.

• Not A Deposit Or Other Obligation Of Bank • Not FDIC-Insured • Not Insured By Any Federal Government Agency • Not Issued, Guaranteed Or Underwritten By Bank Or FDIC • Not A Condition To The Provision Or Term Of Any Banking Service Or Activity • Policy Is An Obligation Of The Issuing Insurance Company

MetLife®

Metropolitan Life Insurance Company
New York, NY 10166

<i>SERFF Tracking Number:</i>	<i>META-125527317</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Metropolitan Life Insurance Company.</i>	<i>State Tracking Number:</i>	<i>38505</i>
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<i>Product Name:</i>	<i>Individual Long-Term Care Insurance Advertising</i>		
<i>Project Name/Number:</i>	<i>I08-11/i08-11</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: META-125527317 State: Arkansas
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 38505
Company Tracking Number: I08-11
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: Individual Long-Term Care Insurance Advertising
Project Name/Number: I08-11/i08-11

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Explanation of Variables	Filed-Closed	04/21/2008
Comments:			
Attachment:			
EOV_ADF#1838.07 .pdf			

		Review Status:	
Satisfied -Name:	NAIC Form	Filed-Closed	04/21/2008
Comments:			
Attachment:			
AR _ NAIC_Individual.pdf			

		Review Status:	
Satisfied -Name:	Cover Letter	Filed-Closed	04/21/2008
Comments:			
Attachment:			
AR_I_Filing Letter .pdf			



Metropolitan Life Insurance Company
NAIC: 241-65978

EXPLANATION OF VARIABLE MATERIAL

Claims Experience Sell Sheet

ADF#1838.07

There is one type of variable material set forth in brackets within the enclosed form. It is:

1. Specific variable material

Specified Variable Material

Specific variable material will be changed only as indicated in the explanation set forth below.

Section

Explanation

"For more information contact your
local MetLife Insurance Agent."

We want to offer our independent producers the option to
either use this call to action or not to use this call to action.

Life, Accident & Health, Annuity, Credit Transmittal Document

Reset Form

1.	Prepared for the State of	ARKANSAS					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	STATE #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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6.	Company Tracking Number: I08-11		Advertising Form: ADF#1838.08	
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission <input type="checkbox"/> Previous file #			

8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
		Group	

9.	Type of Insurance	LTC031 Individual Long-Term Care Insurance
10.	Product Coding Matrix Matix Filing Code	LTC031.001 - Qualified

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other <input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATES: _____ Please explain: SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
12.	Filing Submission Date	March 24, 2008
13.	Filing Fee (If required)	Amount \$25.00 _____ Check Date March 14, 2008 _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number 000904846 _____
14.	Date of Domiciliary Approval	NA New York does not require LTCI advertising to be filed.
15.	Filing Description:	INDIVIDUAL LONG-TERM CARE INSURANCE ADVERTISING MATERIAL(S)
	PLEASE SEE COVER LETTER	

View Complete Filing Description

16.	Certification (If required)	
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>ARKANSAS</u>		
Print Name <u>Mary J. Rinaldi</u>		Title: <u>Consultant-Compliance/Marketing/AD</u>
Original Signature <u><i>Mary J. Rinaldi</i></u>		Date <u>March 24, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		I08-11
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replace Form Number
	Description			Previous State Filing Number
01	LTC Claims Experience Sell Sheet	ADF#1838.08	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

Metropolitan Life Insurance Company
57 Greens Farms Road, Westport, CT 06880
Tel 203 221-3859 Fax 203 221-6573
Mrinaldi@metlife.com

MetLife®

Mary J. Rinaldi
Long-Term Care

March 24, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Re: Filing No. I08-11
Metropolitan Life Insurance Company ("MetLife")
Individual Long-Term Care Insurance Advertising
NAIC Company No. 65978 - FEIN 13-5581829

Dear Sir/Madam:

We enclose for filing electronic copies of the Individual long-term care advertising materials described below. The materials are intended for use with the following approved Individual long-term care policy forms LTC2-IDEAL AR, LTC2-PREM AR, LTC2-VAL AR, LTC2-FAC AR approved by your Department on January 13, 2005 and LTC2007 AR approved on August 17, 2007.

The advertising materials are new and do **not** replace any materials previously filed with your Department.

Advertising Form Number	Brief Description of Invitation to Inquire Advertising Material
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ADF#1838.08	LTC Claims Experience Sell Sheet
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Variable material will be modified in accordance with the enclosed Explanation of Variables.

The NAIC form is enclosed and the filing fee check has been mailed to your Department.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi
Consultant-Compliance Marketing/AD